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PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATIONS

The 1st June, 2020.

No.SW(S) 77/90/811. - The draft Meghalaya Drug Abuse Prevention Policy, 2020 is prepared after incorporating relevant views and suggestions from all key stakeholders. The Governor of Meghalaya is therefore please to finalise and announce the Meghalaya Drug Abuse Prevention Policy, 2020 below which will take effect from the date of publication.

SAMPATH KUMAR,

Commissioner & Secretary to the Govt. of Meghalaya,
Social Welfare Department.

THE MEGHALAYA DRUG ABUSE PREVENTION POLICY, 2020

1. INTRODUCTION

Drug abuse is a global phenomenon which affects not only an individual, but the family and society. Addiction to drugs is one of the major causes of human distress and anguish; the increase in crime and violence worldwide is a consequent of the massive illegal production and distribution of drugs. As of today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. As a country, India is also caught in this circle of massive drug abuse and drug trafficking which is seemingly affecting the young

generation and thereby disturbing the chain of productivity in the progress and development of the country.

Meghalaya is no exception. The need to have a Policy on Drug Abuse Prevention in the State has become a necessity to ensure general public interest and also has become a compelling State Interest as drug-abuse is not only adversely affecting the general public but also the State and the lives of future generation is at stake.

The types of drugs being abused is manifold ranging from natural (eg; opium, cannabis) semi synthetic (products from natural drugs such as heroin and cocaine) and synthetic (chemically manufactured in illicit factories and prescription drugs). That all these drugs are commonly consumed at a time has been one of the reasons that complicate the process of treatment and recovery.

Use of drugs through injecting route is a significant public health concern because of the associated risk of spread of infections like HIV and Hepatitis C and B.

In line with its mandate, the Ministry of Social Justice and Empowerment Government of India had conducted a National Survey on Extent and Pattern of Substance Use in India through the National Drug Dependence Treatment Centre (NDDTC) AIIMS, New Delhi during 2018.

The National Institute of Social Defense (NISD) in collaboration with the Regional Institute of Medical Sciences (RIMS) Imphal, Regional Resource Training Centre Kohima, (RRTC) Nagaland and Research staff of Assam Medical College, Dibrugarh, had collected data for the North Eastern Region.

In Meghalaya, the sample survey was collected from the three districts viz., ***East Khasi Hills District, Jaintia Hills District and West Garo Hills District.***

The Report on the “**MAGNITUDE OF SUBSTANCE ABUSE**” IN INDIA 2019 was released in New Delhi on the 14th May, 2019 by the Ministry of Social Justice and Empowerment, Government of India. The data and information presented in the report has provided a framework to formulate the National Action Plan for Drug Demand Reduction for the period 2018-2025.

As per the findings of the report, the percentage of prevalence of drug use and the status of current users in some states in the country including Meghalaya (*East Khasi Hills, Jaintia Hills, and West Garo Hills*) are as follows:

ALCOHOL - The National Level population sample survey indicate 14.6% of alcohol is consumed by different population groups. Chhattisgarh has the highest current use of alcohol at 35.6% and prevalence of dependence on alcohol is 6.2%. Punjab follows at 28.5% current use of alcohol and 6% dependence. The current use of alcohol in Arunachal Pradesh is 28% and 7.2% dependence on alcohol. Meghalaya's current use of alcohol is 3.4% and dependence of alcohol is 0.9%.

CANNABIS - Cannabis is used as (a) Bhang and (b) Ganja and Charas which are illegal as per the NDPS Act, 1985. The National Level population of current use is 2.83% and States with higher proportion than the national average are Sikkim at 10.94% of current users and 1.31% dependence. In Punjab the percentage of current user of Cannabis is 12.55% with 0.42% dependence. Meghalaya is ranked at 12th position amongst states with 1.68% of current users and 0.15% dependence.

OPIOID - The prevalence of current use of any Opioid is 2.06% of the total population at the National Level. Heroin is the most commonly used Opioid in India and current use of pharmaceutical Opioid's follows closely behind.

Use of Opioid in a dependent pattern has affected the states in the North East. The percentage of use of Opioid in Arunachal Pradesh is 22.18%, Nagaland at 25.22%, Mizoram at 25.67%, Sikkim at 18.74%, Manipur at 14.22% and Meghalaya at 6.34%.

SEDATIVES - A wide variety of pharmaceutical products, which share the common property of being sedative - hypnotics and possessing dependence liability are used in India. At the National Level, 1.08% is the current users of sedatives. States with the highest prevalence of current sedatives users are Sikkim (15.61%), Nagaland (9.57%), Manipur (7.73%) and Mizoram (6.80%) while in Meghalaya the percentage is 0.95% of current users of sedatives.

COCAINE - A very small proportion of Indians are estimated to be current users of cocaine with Arunachal Pradesh at 3.01% of current users, Daman & Diu at 1.38%, Punjab at 0.66%. The current use of Cocaine in Meghalaya is 0.05%.

INHALANTS - Chemical products are common characteristic being used by inhalational route and possessing psychoactive properties. The current use of Inhalants at the National Level is 0.70%. Inhalants are the only drugs in which prevalence is higher among children and adolescents (1.17%) as compared to adult population. Arunachal Pradesh (5.33%) and Sikkim (4.58%) have current users who are harmfully dependent on inhalants. Out of the national average, Meghalaya accounts for 0.8% users of inhalants.

USE OF HALLUCINOGENS – About 0.12% of the population is reported to be using hallucinogens. Use of drugs through injecting route is a significant public health concern because of the associated risk of spread of infections like HIV and Hepatitis C and B. Injecting Drug Use was documented in all the regions of the country.

The findings show that there are an estimated 8.5 lakhs people who inject drugs (*PWID*) in India. Uttar Pradesh and Punjab are the highest as compared with other States.

2. DEFINITION

- A.** The definition of drug abuse is varied and one single definition will not represent the extensive scale that drug abuse entails. Drugs are classified into licit drugs and illicit drugs; while licit drugs are legally allowed for consumption (alcohol) and prescription (pharmaceuticals), illicit drug are not and they fall under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 of the country.
- B.** The definitions of drug abuse can be classified into four main categories: Public Health definition, Cultural or Vernacular Usage, Medical definition, and the Criminal Justice definition.

The Public Health definition looks at drug abuse on two levels: the individual and the society, laying a lot of stress on the role of society. However, World Health Organization (WHO) and the American Psychiatric Association (APA) have defined it as a “Disease” in 1956. A recent development is the use of the term drug use and drug user, which is preferred by public health professionals who work in the field of HIV/AIDS.

The Vernacular or Cultural definition views drug abuse strictly as a personal behavioral problem.

The Medical term lays emphasis on the individual alone in its definition of drug abuse.

The Criminal Justice looks at drug abuse as a criminal activity.

- C.** Whatever the definition of drug abuse may be, the subsequent result is the same; it causes social and health problems, unsafe sexual contacts, violence, deaths, accidents, suicides, physical dependence and psychological addiction. The Policy will use the term drug abuse in the entire document and define drug abuse as follows:

“Drug abuse is the uncontrollable, excessive use and illicit consumption of any naturally occurring or pharmaceutical substance that leads to physiological and psychological harm. It affects the Central Nervous Systems (CNS), which produce changes in mood, levels of awareness or perceptions and sensations.”

The Policy will address drug abuse in a broad sense, including all forms of substances that are addictive and will fall in any of the following category:

- i) **Stimulants:** Amphetamines, Cocaine, Diet Pills (Anorectic Drugs) and, Methamphetamines.
- ii) **Depressants:** Barbiturates, Benzodiazepines.
- iii) **Hallucinogens:** Psilocybin (“Shrooms”), Dimethyltryptamine (DMT), Lysergic Acid Diethylamide (LSD), Peyote and Mescaline, Phencyclidine (PCP) Narcotics: Codeine, Heroin, Opium and, Morphine.
- iv) **Inhalants:** Adhesive/Glue, Correcting Fluids etc.

3. ILLICIT DRUG USE IN MEGHALAYA

Illicit drug use is increasing in Meghalaya. The problem is intensified with drug use being linked to sex work and high risk activities such as injecting drug use and the sharing of such equipments that can result in public health epidemics such as HIV, Hepatitis B and C, sexually transmitted diseases and other blood borne viruses.

Women and children are no exception on the use of illicit drugs, they seem to be the worst affected with no specific treatment facility available in the State for them. According to the study, drugs mostly abused by children are inhalants. Inhalants can be of various types, common ones being volatile solvents, gases, aerosols and nitrites. Cannabis is again another drug commonly abused by children (more common amongst street children). Cannabis has been proved to lead children to experiment with drugs like Heroin at a later stage.

Awareness or educational programmes on drug abuse prevention is inconsistent and hence not very helpful for young adolescents who need such information on a regular basis. Addiction is understood differently by different sections of society which has resulted in undue stigma and discrimination of drug users and this has subsequently worsen the situation, with drug users denying their addiction, turning to crime to support themselves and hiding or not seeking the required treatment.

Collaborative efforts and initiatives to focus on the **Supply Reduction** in order to prevent illicit trafficking of drugs to be dealt by the law enforcement such as Police, Central Customs & Excise including State Drugs Controller under the Department of Health & Family Welfare shall be taken.

The Department of Social Welfare as a Nodal Agency and line departments such as Health and Family Welfare, Community and Rural Development, Sports & Youth Affairs, Higher and Secondary Education, Transport and Meghalaya AIDS Control Society (MACS) are some of the key departments to look into the Preventive, Treatment and After Care of recovering addicts to combat **Demand Reduction**.

The Meghalaya AIDS Control Society (MACS) shall focus mainly on reducing **Harm Reduction** to addicts.

4. AIMS & OBJECTIVES

The Policy aims at ensuring that Drug and Substance abuse are not just an individual problem but a Socio-Economic as well as Human Rights issue which needs a holistic and appropriate strategy to be developed in order to achieve Prevention, Treatment and Social Re-Integration of the addicts.

The Objectives are as follows:

- i)* To motivate and encourage stakeholders, i.e. community, parents, teachers, government departments, NGOs etc. in the challenges to fight against drug abuse.
- ii)* To hold regular awareness programmes for students, youth in general and the community at large in order to educate them about the ill-effects of substance abuse on the individual, family, workplace and society.
- iii)* To set up de-addiction centres in all vulnerable Districts for counselling, treatment and rehabilitation of addicts that is affordable.
- iv)* To advocate for the welfare of those suffering from drug abuse through inter sectoral linkages and networking of services related to the issues.
- v)* To tap human resources by introduction of life skills in all educational institutions from the age group of 10 years and above by trained personnel.
- vi)* To create innovative intervention for street children, women, sex workers and prisoners being the vulnerable groups.

- vii)* To seek the cooperation of all Government departments viz., Education, Police, Sports & Youth Affairs, Health and Family Welfare, Meghalaya AIDS Control Society (MACS), Directorate of Information & Public Relation (DIPR), Industries and Commerce, Agriculture/Horticulture, Civil Defence & Home Guards, Registrar of Co-operative Societies, Employment & Craftsmen Training, Community & Rural Development, Urban Affairs, Law Department, Commissionerate of Excise, Inspector General of Prisons, Meghalaya Legal Services Authority (MLSA), Meghalaya State Rural Livelihoods Society (MSRLS), Meghalaya Basin Development Agency (MBDA). Support and corporation shall be sought from all Faith Based Organisations, Dorbar Shnongs, NGOs working for the cause of drug abuse, Parents/Guardians, Youth Organisations, Women Organisations, Teachers/Lecturers and Drug User's Network at the Community level, the Block level, the District level and at the State level.
- viii)* To undertake study and research on the extent of drug abuse and in solving the problem of the issue.
- ix)* To effectively strengthen vigilance in supply reduction by Police (Home) and Central Customs and Excise Department keeping in mind the topographical location of our state and its close proximity to the Golden Triangle.
- x)* To promote demand, harm and supply reduction for tackling the drug problem in the State.
- xi)* To ensure that stigmatization of and discrimination against individual/group dependent on drugs is actively discouraged in order to improve behavioral change in the society and encouraging the addict and family to seek the much needed services at the right time.
- xii)* To ensure minimum standards of care at the De-addiction and Rehabilitation Centres.
- xiii)* To take whatever steps required for tackling the drug problem in the State.

5. THRUST AREAS:

1. Prevention: (A) Primary and, (B) Secondary
2. Treatment

3. After Care: Advocacy, Addressing Discrimination Etc.
4. Capacity Building and Training
5. Study and Research
6. Strengthen Drug Supply Reduction Strategy
7. Policy Implementation and Coordination Mechanism
8. Setting up Fast Track Court/ Special Court

5.1. PREVENTION:

A. Primary Prevention

5.1.A.1: Awareness programmes shall be organized by relevant Departments viz., Social Welfare Department, Health & Family Welfare Department, Education Department, Information and Public Relations Department.

5.1.A.2: All IEC materials relating to drug abuse to have content that is standard and will not lead to confusion and misinformation. IEC is to be developed either by the State or a relevant committee identified by the State to include experts working in the field of drug abuse.

5.1.A.3: IEC to be translated in all major regional languages of the State, and will be relevant to the all section of the Community such as women, children, adolescent, youth, street children etc.

5.1.A.4: Relevant departments are to identify a nodal officer to support drug abuse programmes in the State. The nodal officers shall be sensitized and trained on matters relating to drug abuse.

5.1.A.5: Local bodies such as Dorbar Shnongs and Nokmas shall adhere to the Policy by: (i) agreeing to be educated on drug abuse through trainings or workshops organized by the State. (ii) organize or collaborate for awareness programmes on drug abuse in their respective localities/villages.

5.1.A.6: Government shall strive to set up De-addiction/Detoxification centres either on its own or in collaboration with NGOs working for the cause of drug abuse.

5.1.A.7: All Schools and Colleges to shall have education on life skills with focus on drug abuse integrated into their classes. School counselors and teachers selected by the school must be trained on life skills and aspects of drug abuse before educating the students.

5.1.A.8: School Teachers and Colleges Lecturers shall attend regular workshops on sensitization programmes on Drug Abuse. Higher Educational Institutions under the Directorate of Higher & Technical Education shall conduct awareness programmes on Substance Abuse.

5.1.A.9: The capacities of the members of the Meghalaya Bharat Scouts and Guides, members of the National Service Scheme and members of the Nehru Yuva Kendra, shall be built up so that they can provide trainings on the, '*ill effects of Drug Abuse*' to a larger section of the student community.

5.1.A.10: Special attention to be given to the surrounding areas of the Schools and Colleges. School and College authorities and the local Police will jointly be vigilant to control drug peddling.

5.1.A.11: Anonymous Surveys shall be conducted in schools and colleges to ascertain the level of drug use in Institutions, and to provide appropriate and adequate help when necessary.

5.1.A.12: Collaboration and linkage with Meghalaya State AIDS Control Society is vital to ensure education about drug abuse for high risk groups such as the sex workers, men having sex with men(MSM) injecting drug users and migrant workers. Educational programmes about drug abuse that shall help such groups to be linked with "Treatment & After Care Center" besides receiving awareness about the disease of addiction.

B. Secondary Prevention

5.1.B.1: Counselling by professionals and referrals play an important role in the treatment of individual abusing drugs. A drug use habit that has just started can be curbed through effective counselling by professionals and referral to a support group. Secondary prevention will also deal with motivation for long term treatment.

5.1.B.2: Schools and Colleges shall have a counselling unit that will cater to the students' psychological needs.

5.1.B.3: Counselling centers shall be in place, where street children and out of school children can have access to.

5.1.B.4: Counselling centers shall have a robust linkage with services that will develop the patient, such as, vocational centers, diagnostic centers, hospitals, drug treatment centres, network(s) of people using drugs, network(s) of people living with HIV.

5.1.B.5: Detoxification camps and providing primary health care to people abusing drugs shall be consistently done through the counselling centres or treatment centres with support from the Government and other agencies.

5.1.B.6: To reduce the intensity of drug related public health diseases, it is mandatory that linkage be established with treatment centres that cater to drug users to prevent spread of HIV and others contagious diseases.

5.1.B.7: Harm reduction centers that are managed through partners under the Meghalaya AIDS Control Society shall be linked and supported by the State and the Community to ensure that epidemics are contained and drug abuse does not become complicated for treatment.

5.2. TREATMENT

5.2.1: The State Government shall endeavor to provide all possible medical and psychosocial therapies, treatment to be offered holistically, right from detoxification up to rehabilitation and after care.

5.2.2: Treatment providers shall ensure the highest level of skill and professionalism with all therapeutic and medical staff equipped with sufficient training and experience. A minimum standard of care and treatment needs to be in place at treatment centers under harm reduction through Opioid Substitution Therapy (OST) to be accredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH). By and large the treatment centres shall be able to provide the following:

- i) Detoxification: treatment of withdrawals and medical complications
- ii) Psychological assessment and support
- iii) Legal Assistance
- iv) Family therapy
- v) Recreational activities
- vi) Re-integration of patients into the family and community
- vii) Non-formal Education/Vocational or Work Skills
- viii) After Care

5.2.3: The welfare of the recovering user shall always be of paramount importance. A process to monitor and take corrective action needs to be introduced to safeguard the interest of drug users undergoing treatment and

ensure cases of ill treatment and abuse do not arise. A grievance redressal mechanism shall be in place which should be followed by all treatment centres.

5.2.4: Drug Abuse treatment in children has to be multi-dimensional. The best option for treatment is rehabilitation of the child in his own family environment with support from counselling centers.

5.2.5: Short Term Institutional Care shall be considered as an option, while Long Term Institutional Care shall be explored. A rehabilitation/de-addiction centre exclusive for children may be established at existing Observation or Juvenile Homes in the State as an immediate step to tackle the pressing need for rehabilitation.

5.2.6: All efforts shall be made to set up separate Integrated Rehabilitation Centres for child addicts on the basis of appropriate age groups in keeping with the clause (3) of Rule 80 of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016.

5.2.7: Open Day Shelters and Night Shelters for street children shall be open in areas where street children are present. Besides from being a safe place for the street child these Centres shall serve as a direct link with the street children for awareness and treatment for those into drug abuse.

5.2.8: The State shall strive to establish a multi cause interactive model treatment facilities exclusively for women. The model will meet the needs of these women, such as, medical care, detoxification and treatment of medical complications, counselling, family therapy, ancillary services, transportation, child-care, housing, legal assistance, jobs/ vocational training, acceptance of children in the treatment programme, attention to pregnant women drug users and economic rehabilitation.

5.2.9: Drug abusers who are imprisoned shall be allowed to continue treatment or start treatment while in prison.

5.2.10: Prison staff and medical team shall be trained in understanding drug abuse and the treatment required.

5.2.11: Prisons in the State shall have sufficient space to segregate prisoners who are drug abusers.

5.2.12: Work place intervention to address drug abuse shall be established in all departments of Public and Private Workplaces. Intervention for people in the workplace abusing drugs is called the Employee Assistance Programme (EAP)

i.e., to assist the employee in getting treatment, subsequent recovery and therefore leading to satisfactory job performance.

5.2.13: The Employee Assistance Programme (EAP) shall be link to treatment centers in the State. Government shall identify at least 2(two) centers to refer the employee under the EAP for treatment, counselling and rehabilitation.

5.3. AFTER CARE

Advocacy & Addressing Discrimination Etc.

It is vital that individuals who are affected by this disease are not stigmatized or discriminated upon, since this will lead to their denial of the problem and subsequent refusal for treatment. The concept of addiction being a disease is still not widely known or accepted by many sections of society. Various large and influential bodies of society often deny the drug user's right and need for specialized and appropriate treatment and often disregard basic human rights in their dealings with users. Therefore, the State shall endeavor to provide:

5.3.1: "Aftercare" is mandatory for any treatment programme for drug abuse to assist the patient to adjust in the Community and to provide support in terms of counselling, guidance and referrals for legal aid, skill training, employment opportunities etc.

5.3.2: The State shall recognize all groups and networks that are formed by individuals dealing with the problem of drug abuse, and shall support their efforts provided these groups are legally registered with the State, have active bank account and are implementing activities that are related to the issue.

5.3.3: Confidentiality of drug abusers while under any form of treatment shall be maintained by all treatment centers.

5.3.4: Drug abusers arrested must be protected from exposure to media, documentation by the public through videos or photographs.

5.4. CAPACITY BUILDING AND TRAINING

5.4.1: Stakeholders in the State shall be trained in matters relating to drug abuse. The trainings shall be consistent and will meet the needs of the State from time to time.

5.4.2: The Ministry of Social Justice and Empowerment (MOSJE) Government of India has identified National Institute of Social Defense (NISD) an autonomous body as Nodal Agency under the administrative control of MOSJE to prepare training modules for various activities and State Government shall

collaborate with the Regional Training Centre, Kohima which has been identified as the Nodal Agency/Training Centre for the State in line with the modules prepared by NISD and shall take up the following:

- i) Formulate training objectives for various target group of trainers.
- ii) Organising training programmes of various duration.
- iii) Conduct training of trainers whenever necessary.
- iv) Develop training modules for Doctors, Nurses and Paramedics, ASHA's and Other Health Workers.
- v) Develop training modules for different category of target groups of trainings.
- vi) Provide technical support to Department of Education for their training.
- vii) Documentation of best practices, innovations in treatment, and anything related to drug abuse which will contribute to the State and Country's effort to check the disease.

5.4.3: The Department of Education shall have a proactive role in capacity building and training for Schools and Colleges through its various training centres for the:

- i) Formulation of training objectives for teachers and students training
- ii) Designing training programmes/develop manuals that can be related to local schools.
- iii) Prepare training materials for teachers and students
- iv) Conduct Training of Trainers (TOTs) and related training programmes regularly or on a need basis.

5.4.4: The Health Department shall take up issues relating to the treatment of substance abusers. Doctors in Community Health Centres (*CHCs*), Primary Health Centres (*PHCs*) and Civil Hospitals shall be skilled in administering detoxification services and in overdose management. The Health Department shall coordinate with the Social Welfare Department in awareness camps, detoxification camps and other activities in the state.

5.5. STUDY AND RESEARCH

5.5.1: The State in collaboration with Universities/Colleges and NGOs shall conduct research/survey on drug abuse. Research and studies must be implemented by recognized institutions and agencies. This will help in effective planning of programmes and to have an authentic knowledge of the drug abuse scenario in the State.

5.5.2: The Department of Social Welfare shall maintain an on-line monitoring information system that will feed the State with prompt and solid data on drug abuse.

5.6. STRENGTHEN DRUG SUPPLY REDUCTION STRATEGY

5.6.1: At the Government level, the Home Department (Police) shall play an important role in implementing the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS)

5.6.2: As the Policy emphasise on Harm Reduction & Demand Reduction, the police department shall ensure organising eradication campaign(s) against drugs in a mission mode.

5.6.3: Substance abuse shall be incorporated in the curriculum of the Police Training Centres.

5.6.4: The State Police, the Border Security Force and the Custom & Central Excise shall conduct joint operations and share information on drugs by pooling in resources to effectively tackle the menace of drugs in the State.

5.6.5: The Social Welfare Department, Local Level Governance including Non-Government Organisations/Voluntary Organisation, Faith based Organisations, Parents/Guardians and Drug User's Network shall co-operate and co-ordinate to control and reduce the supply and demand of illicit drugs.

5.6.6: Stringent punishment against any Government official (s) or any person (s) involve with drug smugglers/traders/peddlers shall be taken under relevant provisions of the Narcotic Drugs and Psychotropic Substances Act, 1985.

5.7. POLICY IMPLEMENTATION & CO-ORDINATION MECHANISM

Substance Abuse is a multi-dimensional problem which requires a multi-sectoral approach for effective policy implementation. A multi-sectoral convergence, collaboration, co-ordination and linkage are imperative. Therefore, the State shall endeavor to:

5.7.1: Identify the various stakeholders who can be partners in implementing the Policy at the State level, the District level, the Block level down to the Community & Village level.

5.7.2: Identify the role and responsibilities of each stakeholder to effectively implement the Policy.

5.7.3: Work out an effective co-ordination mechanism between various stakeholders for effective policy implementation.

5.7.4: Strengthen the police force to effectively curb the supply and demand of drugs and other substance abuse.

5.7.5: Coordinate with various agency including Central and Paramilitary Forces to check demand and supply of drugs.

5.8. FAST TRACK COURT/SPECIAL COURT

State government shall make an all out effort to set up Fast Track Courts or Special Courts for speedy trials under the Narcotic Drugs and Psychotropic Substances (NDPS) Act 1985. A joint training for Prosecutors, Police and Judicial officers to achieve higher conviction rates in drug cases shall be organized.

6. VARIOUS STAKEHOLDERS FOR POLICY IMPLEMENTATION

6.1: At the Government level, besides the State Social Welfare Department, the different Departments/Directorates/ Establishments of the Government to be partners in implementing the policy are:

- i) Education Department
- ii) Home (Police) Department
- iii) Home (Prison)
- iv) Sports & Youth Affairs Department
- v) Health Department & Family Welfare
- vi) Industries & Commerce
- vii) Agriculture & Horticulture
- viii) Community & Rural Development
- ix) Urban Affairs

- x) Law Department
- xi) Inspector General of Prison
- xii) Directorate of Information & Public Relations
- xiii) Civil Defence & Home Guards
- xiv) Registrar Co-operative Societies
- xv) Employment & Craftsmen Training
- xvi) Commissionrate of Excise
- xvii) Meghalaya AIDS Control Society (*MACS*)
- xviii) Meghalaya State Legal Services Authority (*MSLSA*)
- xix) Meghalaya Basin Development Authority (*MBDA*)
- xx) Meghalaya State Skill Development Society (*MSSDS*)
- xxi) Meghalaya State Rural Livelihoods Society. (*MSRLS*)
- xxii) Any other department/establishment that may be relevant.

6.2: At the Non- Government level:

- i) NGOs & Voluntary Organisation working in the field of Drug Abuse.
- ii) Youth Organisation & Women Organisation
- iii) Faith Based Organisations
- iv) Teachers/Lecturers
- v) Parents/Guardians
- vi) Drug User's Network
- vii) Members of Civil Society
- viii) Student representatives
- ix) Any other NGOs/Group that may be relevant.

7. CONSTITUTION OF COMMITTEES FOR IMPLEMENTATION OF THE POLICY

To achieve the objective of the Policy, the various stakeholders need to converge, collaborate and maintain a link with each other. This can be done by forming

committees at the State Level, the District Level, the Block Level and, at the Local/Village/ Community Level.

7.1: At the State Level two important committees shall be formed.

- i) State Level Coordination Committee under the Chairmanship of the Chief Secretary, to focus on inter sectoral coordination and collaboration amongst the various stakeholders in dealing with the problem of drug abuse. The Committee shall comprise of all stakeholders at the Government level and the Non-Government. The Director Social Welfare shall be the Member Secretary of the Committee.
- ii) State Level Monitoring Committee shall be formed under the Chairmanship of the Minister in charge Social Welfare to review the implementation of the Policy and the anti drug measures taken in the State. The members shall comprise of all stakeholders at the Government level and the Non-Government level. The Secretary Social Welfare shall be the Member Secretary of the Committee.
- iii) The District Level Committee on drug abuse shall be formed to be headed by the District Magistrate of the respective district. The District Social Welfare Officer shall be the Member Secretary. The members shall comprise of all stakeholders at the Government level and Non-Government level that are present in the district.
- iv) The Block Level Coordination Committee under the Block Development Officer shall be formed comprising of all relevant stakeholders under the jurisdiction of the block.
- v) Local/Community/Village Level Committees shall be formed under the Chairmanship of the Headmen/Rangbah Shongs/Nokmas/Goanburas as the case may be. The committees shall comprise amongst others, representatives of the Women Organisation, the Youth Organisation, members of Civil Society, Anganwadi Workers (AWWs), Accredited Social Health Activist(s) (ASHA) and members of Self Help Groups (SHGs). The committees shall work closely with the Government in combating the drug abuse menace prevalent in their respective jurisdiction.

8. DOCUMENTATION

- (a) State level data is very vital to understand the progress of work done and the current scenario of drug abuse. Social Welfare Department will be the Nodal Agency to consolidate data on drug abuse prevention

programmes of the State, which can be accessed by the public/stakeholders for reference and knowledge.

- (b) A separate unit of experts in technology and documentation shall be established to help this process move smoothly. Software will be developed for data collection to increase the efficiency of the team. Care will be taken that data collected will not infringe on the 'privacy right' of the individual. The State Police and Custom & Central Excise (Supply) will continue to follow their guidelines in supply reduction as per the relevant Act in place.

9. MECHANISM FOR MONITORING & EVALUATION

- (a) **Internal Monitoring:** The District Level Coordination Committee and the State Level Coordination Committee shall monitor drug abuse prevention programmes in the State.
- (b) **External Monitoring:** Once a year, the department shall provide for external evaluation and monitoring of the drug abuse prevention programmes in the State. The external team shall assess the programmes under the Primary Prevention, Secondary Prevention and Aftercare Services and provide guidance and recommendations to the quality and progress of these programmes.

The State shall provide an **Action Plan** which aims at reduction of adverse consequences of drug abuse through a multi-pronged strategy, the policy shall focus on prevention education, awareness generation, counselling, treatment and rehabilitation, training and capacity building of service providers to effectively tackle the menace of drugs in the State.

The Policy is a continuous process which shall be updated from time to time as per requirement.

The 10th June, 2020.

OFFICE MEMORANDUM

No.SW(S) 180/81/Pt/214. – In view of insertion of the post of Assistant Commissioner for Persons with Disabilities in Schedule I [Rule 6 (2)] of Sl. 4 and also in Schedule II (Rule 7 and Rule 12) of Sl. 4 in the amended Meghalaya Social Welfare Service Rules, 2020 the Office Memorandum No.SW(S) 180/81/Pt/75, dated 9th February, 2012 is cancelled.

C. KHARKONGOR,

Secretary to the Govt. of Meghalaya,
Social Welfare Department.

The 4th June, 2020.

No.FOR.72/2002/Pt.IV/375. – The Governor of Meghalaya is pleased to notify the amendment of Rule 4 (viii) of the Rules and Regulations of the Meghalaya State Medicinal Plants Board notified vide this Department's Notification No.FOR.50/2002/556, dated 16th November, 2016 as follows:

In Rule 4(viii) of the existing Rules and Regulations of the Meghalaya State Medicinal Plants Board, the words “**Addl. PCCF (Social Forestry & Environment), Meghalaya**” are hereby replaced by the words “**Chief Conservator of Forests (Social Forestry & Environment), Meghalaya**”.

D. P. WAHLANG,

Principal Secretary to the Govt. of Meghalaya,
Forests & Environment Department.

The 9th June, 2020.

**STANDARD OPERATION PROCEDURES FOR ENGAGING SKILLED/HIGHLY SKILLED
LABOURERS/WORKERS FROM OUTSIDE THE STATE.**

No.LBG.23/2020/Pt.III/13. – The Standard Operating Procedures (SOPs) aim to provide general guidance and information to employers in order to enable workers to return to work safely while keeping the risk of contamination as low as possible.

The following Standard Operating Procedures (SOPs) are issued for employers who intend to bring skilled/highly skilled workers from outside the State:

1. Employers shall obtain permission from the respective Deputy Commissioners prior to bringing in the workers from outside the State and provide complete details of the workers including their permanent address, current location and contact details.
2. Employers shall submit an undertaking to the Deputy Labour Commissioner of the district confirming adherence to the guidelines of Ministry of Home Affairs and protocols issued by the Health and Family Welfare Department, Government of Meghalaya before the commencement of operations.
3. After permission is obtained, Employers shall register such workers with the Deputy Labour Commission of the respective Districts providing complete details of the workers including their permanent address, current location, and contact details.
4. Employers shall ensure that the workers are well aware of “return to work” plants and procedures before they move from their current location.
5. Upon arrival, all workers will be screened and tested for COVID-19 as per the protocols issued by the Health and Family Welfare Department, Government of Meghalaya and shall be transported by the Employer to the paid quarantine facilities where they shall undergo quarantine till the test results are known. Payment for the quarantine facilities will be made by the Employers. Anyone tested positive, shall follow the protocols issued by the Health and Family Welfare Department, Government of Meghalaya.
6. Persons who are tested negative may be transported to the quarantine facilities to be arranged by the employer and placed in quarantine for 14 days.
7. Post-quarantine, employers to ensure workers stay within the premises. The employers will also be responsible ensuring that all social distancing norms are strictly followed and workers wear masks at all times. Employers shall ensure that workplace is sufficiently stocked with the necessary sanitization materials including soap, hand sanitizer and masks. Employers shall ensure availability of water-stations in the site and direct workers to frequently and regularly wash their hands.
8. Employers shall put in place a plan for systematic cleaning and disinfection of tools as well as stocking up on cleaning supplies and may protective equipment that may be needed.
9. Employers shall inform and sensitise workers about COVID-19 which should include topics such as what the symptoms are, how each individual can protect themselves, current restrictions (e.g. travel bans), and the rationale behind physical distancing.
10. Employers to ensure that each worker is covered under Health Insurance Scheme at their cost.

D. P. WAHLANG,
Principal Secretary to the Govt. of Meghalaya,
Labour Department.

The 2nd April, 2020.

No.Health.99/2020/Pt./13. – The overall supervision of the Corona Care Centres in the State will be under the management of Dr. Humsi Giri, Additional Director of Health Services (MCH & FW) - Phone No. 7005824138.

Further, the Nodal Officers for the Corona Care Centres is as follows -

- (i) Shillong : Dr. R. Allya, Project Director, Meghalaya AIDS Control Society, Meghalaya, Shillong – Phone No.9436704233.
- (ii) Tura : Dr. Meenakshi A. Sangma, Joint Director of Health Services, Garo Hills – 9436306107.
Dr. Ivone Sangma, MCH Officer will look after the Corona Care Centres in Tura - 9436112377
- (iii) Please read Dr. S. S. Nongbri, Joint Director of Health Services (S.S.), Civil Hospital, Shillong – Phone No.9402327030 instead of Dr. W. W. Phira as appeared in the List of Hospitals designated for COVID-19 suspect and infected case.

M. N. NAMPUI,

Secretary to the Government. of Meghalaya,
Health & Family Welfare Department.

The 1st April, 2020.

No.Health.99/2020/18. – In continuation of Notification **No.Health.99/2020/12 dated 28th March, 2020** prescribing **Protocol on Handling of COVID-19 Suspect and Infected Cases** and to limit the spread of Covid-19 and to ensure safety of patient families and health workers, only one family member will be permitted to accompany a suspected person being transported by Ambulances. Patient and attendant should be provided with triple layer mask and gloves.

SAMPATH KUMAR,

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 2nd April, 2020.

No.Health.99/2020/19. – The following Hospitals in the State are hereby notified as “Dedicated Hospitals “ for focused treatment of persons infected with the highly contagious COVID-19 (coronavirus):

<u>Sl. No.</u>	<u>Name of Hospital</u>
1.	Civil Hospital, Shillong
2.	Tura Civil Hospital.

The District Hospitals, selected CHCs/PHCs and Private/Mission Hospitals and newly set up Corona Care Centres (CCC) shall also treat any suspect and infected cases of COVID-19 as notified vide Notification **No.Health.99/2020/12 dated 28th March, 2020.**

SAMPATH KUMAR,

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 9th April, 2020.

No.Health.99/2020/30. - Whereas, there is a need to have a Standard Operating Protocol (hereinafter referred to as 'SOP for Entry') for entry of all persons into Meghalaya, in order to ensure that all persons entering the state are registered and screened as per the protocols of the Health and Family Welfare Department, in order to prevent the spread of COVID-19 in the State.

Hence the Standard Operating Procedures shall come into force with immediate effect.

1. The entry of persons into Meghalaya shall only be allowed from the following designated entry points. The Deputy Commissioner of the district concerned shall be responsible for enforcing this SOP for Entry, where teams for screening and registration of persons shall be placed by the Health and Family Welfare Department. Officials from the District Administration and the Police as deemed necessary shall be placed by the Deputy Commissioners on a shift basis for effective registration and screening of all persons at the entry points.

Locations	District
Ratacherra	East Jaintia Hills
Byrnihat	Ri-Bhoi District
Dainadubi and Bajengdoba	North Garo Hills
Tikrikilla	West Garo Hills
Umroi Airport	Ri-Bhoi District

2. Registration and verification

- 2.1 It is mandatory for all persons who intend to travel to Meghalaya to register at <http://meghalayaonline.gov.in/covid/selfregistration.htm>. The registration is compulsory and should be done at least five days prior to entry into Meghalaya.
- 2.2 After registration, an acknowledgement form with a QR code will be issued online. This has to be shown at the time of entry into Meghalaya along with a valid photo ID at the Designated Entry Point.
- 2.3 Only for those who are unable to register as per 2.1 above, details as per the format will have to be furnished to the official concerned at the entry point.
- 2.4 All persons who enter Meghalaya without registration (either online or at the entry point) will be liable for action as per the provisions of law.

3. Health check at entry point

- 3.1 All persons who enter Meghalaya at the designated entry points will be scanned by a thermal scanner to detect body temperature.
- 3.2 Any person showing symptoms of COVID-19, will be tested along with all the co-passengers in the vehicle, as per the protocols of testing issued by Health and Family Welfare Department. All the persons including the co-passengers will be quarantined at the nearest quarantine centre until tests results arrive.

- 3.2 (a) If any person tests positive, he/she will be taken to the nearest Corona Care Centre for symptomatic treatment.
- 3.2 (b) If he/she is tested negative, the concerned persons and other relevant people shall be instructed for mandatory home quarantine for 14 days. The home quarantine shall be followed up by the IDSP unit and the Headman of the locality in which the persons resides shall be informed by the IDSP Unit of the concerned district.
- 3.3 All person who enter the state after the publication of this Order will have to undergo compulsory home quarantine for himself/herself in a separate room in the house. In case separate room is not available then the members of the entire family shall have to undergo home-quarantine. In case the person does not have a separate room at home, he/she may indicate that in the online form at 2.1 above or during the time of entry at the entry point, for which the government will mandate institutional quarantine.
- 3.4 All persons, who enter Meghalaya, shall download the Arogya Setu App from the Google Playstore/Apple Play Store and register on the application.

4. Transportation and travel facility

- 4.1 Only one family member along with one driver will be allowed to pick-up the son/daughter after seeking prior permission from the Deputy Commissioner of the concerned district. It should be ensured that the family member going to pick-up the son/daughter/ward from the airport/bus-station/railway-station should not be having any ailments. The vehicle should not ideally halt anywhere before and after the screening.
- 4.2 In case of those who do not have transport facility, Transport Department should make arrangements for pick-up facility from the airport/railway-station/bus-station by following protocols for social distancing.

5. Enforcing Home Quarantine

- 5.1 The information of all those under home quarantine will be shared by the Health and Family Welfare Department with the Deputy Commissioner of the district concerned. The Deputy Commissioner should share the information with the Headman of the locality in which the person resides for ensuring community enforcement.
- 5.2 Geo fencing may be used to monitor people undergoing quarantine and the Deputy Commissioner and the Headman of the concerned locality may get alerts through the Superintendent of Police of the concerned district in case of violation.
- 5.3 All persons who violate Home Quarantine or Institutional Quarantine shall be liable as per provisions of law.

SAMPATH KUMAR,

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 27th April, 2020.

No.Health.99/2020/Pt./20. – The annexed protocol is put in place for Testing, Retesting and Quarantine Post 28th April, 2020 in Meghalaya in view of COVID-19 pandemic.

All concerned are to note for necessary compliance.

SAMPATH KUMAR,

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

PROTOCOL FOR TESTING, RE-TESTING, AND QUARANTINE POST 28TH APRIL, 2020

	Category	Mandated protocol/procedure	Additional Remark
1	Positive cases (under home isolation and/or institutional care).	RT PCR test to be repeated after 14 days of isolation. <ul style="list-style-type: none"> - If negative, another PCR test to be conducted after 24 hours to confirm that it is negative. - If positive, test would be repeated every 3rd day to check viral clearance till the results show that PCR is negative. 	Patient will be declared cured only after 2 consecutive samples, 24 hours apart, are negative. If immune response has developed, i.e., IgM and IgG are positive, the same may be checked for during the period.
2	High Risk Primary Contact (connected to index case and other positive cases of Bethany Hospital).	Repeat RT PCR test after 14 th day. <ul style="list-style-type: none"> - If negative, another 14 day quarantine at home with prescribed protocol to be maintained at home. If any symptoms developed during this period, PCR test would be conducted. - If positive, confirmed case management protocol should be followed. And re-testing will be done after 14 days of isolation. 	All those found negative and sent for additional 14 day home quarantine, a self-monitoring diary would be maintained by each patient and a daily check in report system would be positioned by IDSP.
3	Low Risk Primary Contacts (connected to index case and other positive cases of Bethany).	Repeat RT PCR test after 14 th day. <ul style="list-style-type: none"> - If negative, one more week of quarantine and two more week of Self-Reporting without quarantine. - If any symptoms develop during this period or later, RT PCR test would be conducted. - If positive, confirmed case management protocol should be followed. And re-testing will be done after 14 days of isolation. 	
4	Asymptomatic Secondary Contacts and all those asymptomatic individuals who visited Bethany Hospital and registered with the Government.	<ul style="list-style-type: none"> - One week quarantine at home; If any symptoms develop during this period, RT PCR test would be conducted. 	Secondary Contacts are those who have come in close contact with the Primary Contacts of the Positive Case.

5	All other symptomatic SARI (Severe Acute Respiratory Infection) and ILI (Influenza Like Illness) cases who are admitted / referred to hospitals.	- Undergo RT PCR test by visiting nearby designated hospitals.	<p>All hospitals have been directed to set up SARI clinics (immediately after triage) to identify probable or suspected cases of Covid-19 as per the case definition issued by ICMR.</p> <p>Active surveillance to be done for the cluster area and people with ILI / SARI symptoms to be referred for RT PCR Test.</p>
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Additional Remarks:

1. All those who have visited Bethany Hospital on or after 6th April, 2020 are advised to stay under home-quarantine for one more week upto 4th May, 2020.
2. All those who have visited Bethany Hospital Shillong or Nongpoh before 6th April, 2020 have completed the quarantine period. They are required to compulsorily wear mask (respiratory etiquette), practice hand-hygiene (using hand-sanitizer / washing hands frequently with soap) and maintain social distancing in both work place and home environment.
3. Irrespective of the date of visit to Bethany Hospital, if anyone is having symptoms of dry cough, fever and difficulty in breathing please report immediately to 108 or visit nearest hospital so that the Government can take steps for testing.
4. Certificate of Quarantine completion shall be given by the concerned Doctor-in-charge for each of the designated Quarantine or Corona Care Centres or by the in-charge of Civil Hospital as identified by the Superintendent if they are admitted in the Hospital.
5. Certificate of Quarantine completion shall be given by the District Surveillance Officer of the concerned District for those under Home Quarantine.
6. Those under home quarantine and advised for self-reporting shall fill in the prescribed format and visit nearest designated hospital if they are found with any symptoms. District Surveillance Officer of the concerned District shall be in charge for daily follow up of those under quarantine.
7. Counselling sessions will be provided to persons who have already been tested twice and come out negative for Covid 19 before being discharged from isolation/quarantine centres.

The 6th April, 2020.

No.Health.99/2020/21. – In view of the urgent need to put in place a protocol for first reported positive COVID-19 case in Meghalaya, the Governor of Meghalaya is pleased to prescribe the following procedure elaborated below.

This order will come into force with immediate effect.

<p>Protocol for first reported positive COVID-19 case in the State.</p> <ul style="list-style-type: none"> - If a patient that falls under the case definition of COVID-19 has arrived at any of the designated hospital with sample collection facility, the patient will remain at that designated hospital in the isolation ward until the patient results are received. - In case the patient is tested positive and falls under the category A, B and C (mild and severe symptoms), the patient will remain at the same designated hospital until recovery. - If the patient falls under category D (critical) and there is a need for ICU care, the patient will be shifted to nearest designated hospital with such facility. 	<ul style="list-style-type: none"> - The patient's sample will be collected at the hospital/facility and be transported to NEIGRIHMS by IDSP. - The patient will remain in isolation at the designated hospital/facility for till results are received. - If results come up positive, the patient will remain at the designated facility/hospital until recovery from COVID-19. - The DC/District Surveillance Officer will take immediate steps for contract tracing of positive cases and ensure isolation and testing of all the persons who have come into close contact with the positive patient. - If the patient is tested negative but are showing mild symptoms, the patients will be asked if their homes for Home-Quarantine or if they would prefer to go to CCC or quarantine facility. This is to be done with assistance from District Surveillance Teams. - Critical patients who will need ICU and ventilator support will be placed at Civil Hospital Shillong/Tura (provided availability of beds) or at NEIGRIHMS or at any of the other hospitals that have agreed to keep COVID-19 critical patients in their dedicated COVID-19 ICU with ventilator support.
<p>Protocol for first 10 reported positive COVID-19 cases in the State.</p> <ul style="list-style-type: none"> - If a patient that falls under the case definition of COVID-19 has arrived at any of the designated hospital with sample collection facility, the patient will remain at that designated hospital in the isolation ward until the patient the results are received. - In case the patient is tested positive and falls under the category A, B and C (mild and severe symptoms), the patient will remain at the same designated hospital until recovery. - If the patient falls under category D (critical) and there is a need for ICU care, the patient will be shifted to nearest designated hospital with such facility. 	<ul style="list-style-type: none"> - The patient's sample will be collected at the hospital/facility and be transported to NEIGRIHMS by IDSP. - The patient will remain in isolation at the designated hospital/facility for till results are received. - If results come up positive, the patient will remain at the designated facility/hospital until recovery from COVID-19. - If the designated hospital does not have a dedicated ICU beds with ventilator support for COVID-19, the patient would be shifted to Civil Hospital, Shillong or Tura.

<p>Protocol after 10th reported positive COVID-19 cases in the State.</p> <ul style="list-style-type: none">- Asymptomatic and mild symptomatic patients (category A and B) will be treated at Corona Care Centres;- Severe symptomatic patients (category C) will be placed at the Civil Hospital, Shillong or any of the designated hospitals for severe cases (if there is no room available in Civil Hospital, Shillong).- Critical patients who will need ICU and ventilator support will be placed at Civil Hospital Shillong/Tura (provided availability of beds) or at NEIGRIHMS or at any of the other hospitals that have agreed to keep COVID-19 critical patients in their dedicated COVID-19 ICU with ventilator support.	<ul style="list-style-type: none">- The detailed protocol on handling suspect and infected cases issued by the Government notification No.Health.99/2020/12, dated 28th March, 2020 be referred.
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SAMPATH KUMAR,

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 28th May, 2020.

No.Health.68/2020/56. - In exercise of the powers conferred under **Section 2, 3 and 4** of the **Epidemic Diseases Prevention Act, 1897**, the Department of Health and Family Welfare hereby makes the following regulations to amend "**The Meghalaya Epidemic Diseases, COVID-19 Regulations, 2020**", namely:-

1. These regulations may be called **The Meghalaya Epidemic Diseases, COVID-19 (Fourth Amendment) Regulations, 2020**.

2. They shall come into force immediately.

3. **Amendment of Regulation 14 :**

The existing **Regulation 14 shall be substituted, as under :-**

"All advisories issued/to be issued by the Government of India and the State Government on COVID-19 will *ipso facto* be treated as directions under the Epidemic Act and Regulations in Meghalaya."

4. **Amendment of Regulation 17 :**

The existing Regulation 17 shall be renumbered as Regulation 20 and a new Regulation 17 shall be substituted as follows:

" 17. **Usage of Face Cover/Face Masks :**

Wearing of face mask or face cover is compulsory in all public spaces and workplaces. All residents of the State irrespective of whether with or without a medical condition, except children below two years of age and asthma patients, must use a "homemade protective cover for face and mouth" while venturing outdoors. The Advisories or Guidelines for 'Use of masks by public' and the 'Do's and Don'ts' issued by the Ministry of Health and Family Welfare, Government of India on use of face masks will be applicable and are to be complied with."

5. A new Regulation 18 shall be inserted namely :

"18. Social Distancing (Physical Distancing)

All persons in charge of public places, work places and transport shall ensure social distancing by maintaining at least 6 feet (2 metres) away from others or as per the guidelines issued by Ministry of Health and Family Welfare."

6. A new Regulation 19 shall be inserted namely:

"19. Spitting and use of smokeless tobacco in Public Places:

Use of smokeless tobacco and spitting in public spaces is strictly prohibited In order to curb the spread of COVID-19."

7. Notwithstanding such amendment, anything done or any action taken under the earlier provisions, before the amendment, shall be deemed to have been done or taken under the provisions of these amendment Regulations.

M. N. NAMPUI,
Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 19th March, 2020.

No.Health.68/2020/38. - In exercise of the powers conferred under Section 2, 3 and 4 of **The Epidemic Diseases Act, 1897**, the Governor of Meghalaya is pleased to issue the following regulations regarding outbreak of coronavirus (COVID-19).

1. These Regulations may be called **The Meghalaya Epidemic Diseases, COVID-19 Regulations, 2020.**
2. "Epidemic Disease" in these Regulations means COVID-19 (Corona Virus Disease 2019).
3. Authorized persons under this Act are Commissioner & Secretary, Health & Family Welfare at the State Level and District Magistrate, District Medical & Health Officer at the District Level **and the Rangbah Shnongs, Dollois and the Nokmas at the village level***.**
4. (i) *All Hospitals (Government & private) should have Flu corners for screening, of suspected cases COVID-19 (Corona virus Disease 2019)*.*
(ii) *All private hospitals must inform Government officials [State/District Disease Surveillance Unit] if there are persons suspected to have COVID-19 admitted to the hospital. **
(iii) *Private hospitals in the State are required to identify and set up private wards for isolation and treatment of COVID-19 patients*.*
5. *All Hospitals (Government & private) during screening of such cases shall ascertain the history of travel of the person and record and intimate the Health Department and DC Office** if she/he has travelled to any country or area where COVID-19 has been reported. In addition the history of coming in contact with a suspected or confirmed case of COVID-19 shall be recorded.*
 - i. In case the person has any such history in last 14 days and the person is asymptomatic then the person must be kept in "stay at home" for 14 days from the day of exposure. *If the concerned person doesn't have the facility at home she/he should be brought to the nearest health care facility or the temporary facility set up**.*
 - ii. In case the person has any such history in last 14 days and the person is symptomatic as per case definition of COVID-19, the person must be isolated in a hospital *or any other temporary facility*** and will be tested for COVID-19 as per protocol.
 - iii. Information of all such cases should be given to office of District Medical & Health Officer/District Control Room of the respective District immediately.
6. *No laboratory without authorization will collect and test samples for COVID-19 in the State of Meghalaya**.* All such samples will be collected as per guidelines of Government of India and these will be sent to designated laboratory by the Nodal Officer of the designated hospitals of the Department of Health & Family Welfare Department, Government of Meghalaya or of the concerned District under intimation to District Surveillance Officer (DSO) of concerned District.
7. If any person with a history of travel in last 14 days to a country or area from where COVID-19 has been reported, developed symptoms, he must contact the State/District control rooms/108 so that necessary measures if required may be initiated by the Department of Health & Family Welfare.
8. All persons with a history of travel to a country or area from where COVID-19 has been reported in last 14 days, but who do not have any symptoms of cough fever, difficulty in breathing should isolate themselves at home. Such persons must take precautions to avoid contact with any person including family members for 14 days from the date of arrival from such area.
9. Authorized persons per section 3 of these Regulations are authorized under this act to admit a person and isolate the person if required in case he/she has a history of visit to an area where COVID-19 is endemic and the concerned person is symptomatic.
10. If there are sufficient reasons, cause or information to suspect or believe that any persons could be infected with COVID-19 and his continued presence in a premises is hazardous to the public safety, it shall be lawful for a Surveillance personnel to enter any such premises, after giving reasonable opportunity to the owner/occupier, for the purpose of surveillance of instances of fever or cough or

- respiratory difficulty, enquire into or undertake physical examination, as he/she thinks fit, and such person (s) shall be bound to cooperate and render all possible assistance to facilitate such surveillance, inspection, enquiry and examination.
11. If consequent to such inquiry, inspection, examination or otherwise, the Surveillance Personnel has reason to believe or suspect that such a person could be infected with COVID-19, the Surveillance Personnel may direct/arrange to put that person(s) in home quarantine or direct/escort that persons(s)an Institutional Quarantine Facility or an 'Isolation Facility'.
 12. It shall be mandatory for Medical Officers in Government Health Institutions and registered Private Medical Practitioners, including AYUSH practitioners; to notify such person (s) to the concerned District Surveillance Unit, along with duly filled up self declaration forms, who, within their knowledge, are having. Travel History to COVID-19 affected countries or State within the country as per the extant and are having complaints of fever or cough or respiratory difficulty or even without any signs and symptoms of the Epidemic disease.
 13. If the owner or occupier(s) of any premises or any individual suspected/confirmed with COVID-19, refuses to take measures for Prevention or treatment i.e., stay-at-home /Institutional Quarantine/isolation or any such person refuses to cooperate with, render assistance to or comply with the directions of the Surveillance Personnel, the concerned District Magistrate having jurisdiction or any person specifically authorized by the District Magistrate in this regard, may pass an appropriate order and may proceed with proceedings under Section 133 of the Code of Criminal Procedure, 1973 (2 of 1974) or take any other coercive action as deemed necessary and expedient for enforcing such cooperation and assistance. In case of a minor, such Order shall be directed to the guardian or any other adult member of the family of the minor.
 14. *All advisories issued/to be issued by the Government of India and the State Government on COVID-19 will ipso facto be treated as directions under the Epidemic Act and Regulations in Meghalaya. #*
 15. If cases of COVID-19 are reported from a defined geographic area, the Authorized Person (s) with the approval of State Task Force constituted for containment of COVID-19 shall have the right to implement following containment measures, but not limited to these, in order to prevent spread of the disease, -
 - (i) Sealing of the geographical area.
 - (ii) Banning entry and exit of population from the containment area.
 - (iii) Closure of schools, offices and banning public gatherings.
 - (iv) Initiating active and passive surveillance of COVID-19 cases.
 - (v) Banning vehicular movement in the area.
 - (vi) Initiating active and passive surveillance of COVID-19 cases
 - (vii) Designating any Government building as containment unit for isolation of the cases.
 - (viii) Requiring all employees of the State Government to be always available on-call for emergency requirement in the interest of the public. Staff of all Government departments will be at disposal of District administration of the concerned area for discharging the duty of containment measures*.
 - (ix) Requisitioning places including community halls and private buildings to set up isolation units and temporary medical facilities*.
 - (x) Requiring the services of all medical and para-medical staff (including students) to be available on any emergency requirement to manage COVID-19. This includes screening patients, taking samples and providing critical care to the patients*.
 - (xi) Any other measure as directed by the Department of Health & Family Welfare, Government of Meghalaya.
 16. With the concurrence of Health & Family Welfare Department of Government of Meghalaya, the District Disaster Management Authority headed by District Magistrate is authorized for planning

strategy regarding containment measures for COVID-19 in their respective districts. The District Magistrate may co opt more officers from different departments for District Disaster Management Authority for this activity under these regulations.

17. Usage of Face Cover/Face Mask#:

Wearing of face mask or face cover is compulsory in all public spaces and workplaces. All residents of the State irrespective of whether with or without a medical condition, except children below two years of age and asthma patients, must use a "homemade protective cover for face and mouth" while venturing outdoors. The Advisories or Guidelines for 'Use of masks by public' and the 'Do's and Don'ts' issued by the Ministry of Health and Family Welfare, Government of India on use of face masks will be applicable and are to be complied with.

18. Social Distancing (Physical Distancing)#:

All persons in charge of public places, work places and transport shall ensure social distancing by maintaining at least 6 feet (2 metres) away from others or as per the guidelines issued by Ministry of Health and Family Welfare

19. Spitting and use of smokeless tobacco in Public Places#:

Use of smokeless tobacco and spitting in public spaces is strictly prohibited In order to curb the spread of COVID-19.

20. Penalty: Any person / institution/organization found violating any provision of these regulations shall be deemed to have committed an offence punishable under section 188 of Indian Penal Code (45 of 1860). The Secretary, Health & Family Welfare or District Magistrate may penalize any person/institution/organization if found violating provisions of these regulations or any further orders issued by the Government under these Regulation.

18. Protection to person acting under the Act: No suit or legal proceedings shall lie against any person for anything done or intended to be done in good faith under this Act unless proved otherwise.

19. These Regulations shall come into force immediately and shall remain valid for a period of one year from the date of publication of this Notification.

....

*Inserted by the First Amendment

** Inserted by the Second Amendment Regulation

*** Inserted by the Third Amendment Regulation

Inserted by the Fourth Amendment Regulation.

9th April, 2020

No.Health.68/2020/42. - In exercise of the powers conferred under **Section 2, 3 and 4** of the **Epidemic Diseases Prevention Act, 1897**, the Department of Health and Family Welfare hereby makes the following regulations to amend "**The Meghalaya Epidemic Diseases, COVID-19 Regulations, 2020**", namely:-

1. These regulations may be called **The Meghalaya Epidemic Diseases, COVID-19 (Second Amendment) Regulations, 2020**.
2. They shall come into force immediately.
3. **Amendment of Regulation 5:**
 - (1) The existing **Regulation 5 shall be substituted, as under:-**

"5. All Hospitals (Government & private) during screening of such cases shall ascertain the history of travel of the person and record and intimate the Health Department and DC Office if she/he has travelled to any country or area where COVID-19 has been reported. In addition the history of coming in contact with a suspected or confirmed case of COVID-19 shall be recorded."
 - (2) In the last line of clause (i) of regulation 5, the following sentence shall be inserted:-

"If the concerned person doesn't have the facility at home she/he should be brought to the nearest health care facility or the temporary facility set up."
 - (3) In clause (ii) of regulation 5, the words "*or any other temporary facility*" shall be inserted between the words "**hospital**" and "**and**".
4. **Amendment of Regulation 6:** In regulation 6 for the words "*No Private Laboratory has been authorized to take or test samples for COVID-19 in the State of Meghalaya*", the words "*No laboratory without authorization will collect and test samples for COVID-19 in the State of Meghalaya*." shall be substituted.
5. Notwithstanding such amendment, anything done or any action taken under the earlier provisions, before the amendment, shall be deemed to have been done or taken under the provisions of this amendment Regulations.

M. N. NAMPUI,

Secretary to the Government of Meghalaya
Health & Family Welfare Department.

The 19th March, 2020.

No.Health.68/2020/38. - In exercise of the powers conferred under Section 2, 3 and 4 of **The Epidemic Diseases Act, 1897**, the Governor of Meghalaya is pleased to issue the following regulations regarding outbreak of coronavirus (COVID-19).

1. These Regulations may be called **The Meghalaya Epidemic Diseases, COVID-19 Regulations, 2020.**
2. "Epidemic Disease" in these Regulations means COVID-19 (Corona Virus Disease 2019).
3. Authorized persons under this Act are Commissioner & Secretary, Health & Family Welfare at the State Level and District Magistrate, District Medical & Health Officer at the District Level.
4. (i) *All Hospitals (Government & private) should have Flu corners for screening of suspected cases COVID-19 (Corona virus Disease 2019)*.*
(ii) *All private hospitals must inform Government officials [State/District Disease Surveillance Unit] if there are persons suspected to have COVID-19 admitted to the hospital. **
(iii) *Private hospitals in the State are required to identify and set up private wards for isolation and treatment of COVID-19 patients*.*
5. *All Hospitals (Government & private) during screening of such cases shall ascertain the history of travel of the person and record and intimate the Health Department and DC Office** if she/he has travelled to any country or area where COVID-19 has been reported. In addition the history of coming in contact with a suspected or confirmed case of COVID-19 shall be recorded.*
 - i. In case the person has any such history in last 14 days and the person is asymptomatic then the person must be kept in "stay at home" for 14 days from the day of exposure. // *the concerned person doesn't have the facility at home she/he should be brought to the nearest health care facility or the temporary facility set up**.*
 - ii. In case the person has any such history in last 14 days and the person is symptomatic as per case definition of COVID-19, the person must be isolated in a hospital *or any other temporary facility*** and will be tested for COVID-19 as per protocol.
 - iii. Information of all such cases should be given to office of District Medical & Health Officer/District Control Room of the respective District immediately.
6. *No laboratory without authorization will collect and test samples for COVID-19 in the State of Meghalaya**.* All such samples will be collected as per guidelines of Government of India and these will be sent to designated laboratory by the Nodal Officer of the designated hospitals of the Department of Health & Family welfare Department, Government of Meghalaya or of the concerned District under intimation to District Surveillance Officer (DSO) of concerned District.
7. If any person with a history of travel in last 14 days to a country or area from where COVID-19 has been reported, developed symptoms, he must contact the State/District control rooms/108 so that necessary measures if required may be initiated by the Department of Health & Family Welfare.
8. All persons with a history of travel to a country or area from where COVID-19 has been reported in last 14 days, but who do not have any symptoms of cough fever, difficulty in breathing should isolate themselves at home. Such persons must take precautions to avoid contact with any person including family members for 14 days from the date of arrival from such area.
9. Authorized persons per section 3 of these Regulations are authorized under this act to admit a person and isolate the person if required in case he/she has a history of visit to an area where COVID-19 is endemic and the concerned person is symptomatic.
10. If there are sufficient reasons, cause or information to suspect or believe that any persons could be infected with COVID-19 and his continued presence in a premises is hazardous to the public safety, it shall be lawful for a Surveillance personnel to enter any such premises, after giving reasonable opportunity to the owner/occupier, for the purpose of surveillance of instances of fever or cough or respiratory difficulty, enquire into or undertake physical examination, as he/she thinks fit, and such

person (s) shall be bound to cooperate and render all possible assistance to facilitate such surveillance, inspection, enquiry and examination.

11. If consequent to such inquiry, inspection, examination or otherwise, the Surveillance Personnel has reason to believe or suspect that such a person could be infected with COVID-19, the Surveillance Personnel may direct/arrange to put that person(s) in home quarantine or direct/escort that persons(s) an Institutional Quarantine Facility' or an 'Isolation Facility'.
12. It shall be mandatory for Medical Officers in Government Health Institutions and registered Private Medical Practitioners, including AYUSH practitioners; to notify such person (s) to the concerned District Surveillance Unit, along with duly filled up self declaration forms, who, within their knowledge, are having. Travel History to COVID-19 affected countries or State within the country as per the extant and are having complaints of fever or cough or respiratory difficulty or even without any signs and symptoms of the Epidemic disease.
13. If the owner or occupier(s) of any premises or any individual suspected/confirmed with COVID-19, refuses to take measures for Prevention or treatment i.e., stay-at-home /Institutional Quarantine/isolation or any such person refuses to co-operate with, render assistance to or comply with the directions of the Surveillance Personnel, the concerned District Magistrate having jurisdiction or any person specifically authorized by the District Magistrate in this regard, may pass an appropriate order and may proceed with proceedings under Section 133 of the Code of Criminal Procedure, 1973 (2 of 1974) or take any other coercive action as deemed necessary and expedient for enforcing such cooperation and assistance. In case of a minor, such Order shall be directed to the guardian or any other adult member of the family of the minor.
14. All advisories issued/to be issued by the Government of India on COVID-19 will *ipso facto* be treated as directions under this Act in Meghalaya.
15. If cases of COVID-19 are reported from a defined geographic area, the Authorized, Person (s) with the approval of State Task Force constituted for containment of COVID-19 shall have the right to implement following containment measures, but not limited to these, in order to prevent spread of the disease,-
 - (i) Sealing of the geographical area.
 - (ii) Banning entry and exit of population from the containment area.
 - (iii) Closure of schools, offices and banning public gatherings.
 - (iv) Initiating active and passive surveillance of COVID-19 cases.
 - (v) Banning vehicular movement in the area.
 - (vi) Initiating active and passive surveillance of COVID-19 cases.
 - (vii) Designating any Government building as containment unit for isolation of the cases.
 - (viii) Requiring all employees of the State Government to be always available on-call for emergency requirement in the interest of the public. Staff of all Government departments will be at disposal of District administration of the concerned area for discharging the duty of containment measures*.
 - (ix) Requisitioning places including community halls and private buildings to set up isolation units and temporary medical facilities*.
 - (x) Requiring the services of all medical and para-medical staff (including students) to be available on any emergency requirement to manage COVID-19. This includes screening patients, taking samples and providing critical care to the patients*.
 - (xi) Any other measure as directed by the Department of Health & Family Welfare, Government of Meghalaya.
16. With the concurrence of Health & Family Welfare Department of Government of Meghalaya, the District Disaster Management Authority headed by District Magistrate is authorized for planning strategy regarding containment measures for COVID-19 in their respective districts. The District

Magistrate may co opt more officers from different departments for District Disaster Management Authority for this activity under these regulations.

17. **Penalty:** Any person/institution/organization found violating any provision of these regulations shall be deemed to have committed an offence punishable under section 188 of Indian Penal Code (45 of 1860). The Secretary, Health & Family Welfare or District Magistrate may penalize any person/institution/organization if found violating provisions of these regulations or any further orders issued by the Government under these Regulation.
18. Protection to person acting under the Act: No suit or legal proceedings shall lie against any person for anything done or intended to be done in good faith under this Act unless proved otherwise.
19. These Regulations shall come into force immediately and shall remain valid for a period of one year from the date of publication of this Notification.

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*Inserted by the First Amendment

** Inserted by the Second Amendment Regulation

The 8th May, 2020.

No.Health.94/2020/53. - The annexed protocol is put in place for Discharging Suspect/High Risk Contact at Annexure-I, for Home Isolation at Annexure-II & COVID -19 Cases at Annexure -III in Meghalaya in view of COVID-19 pandemic.

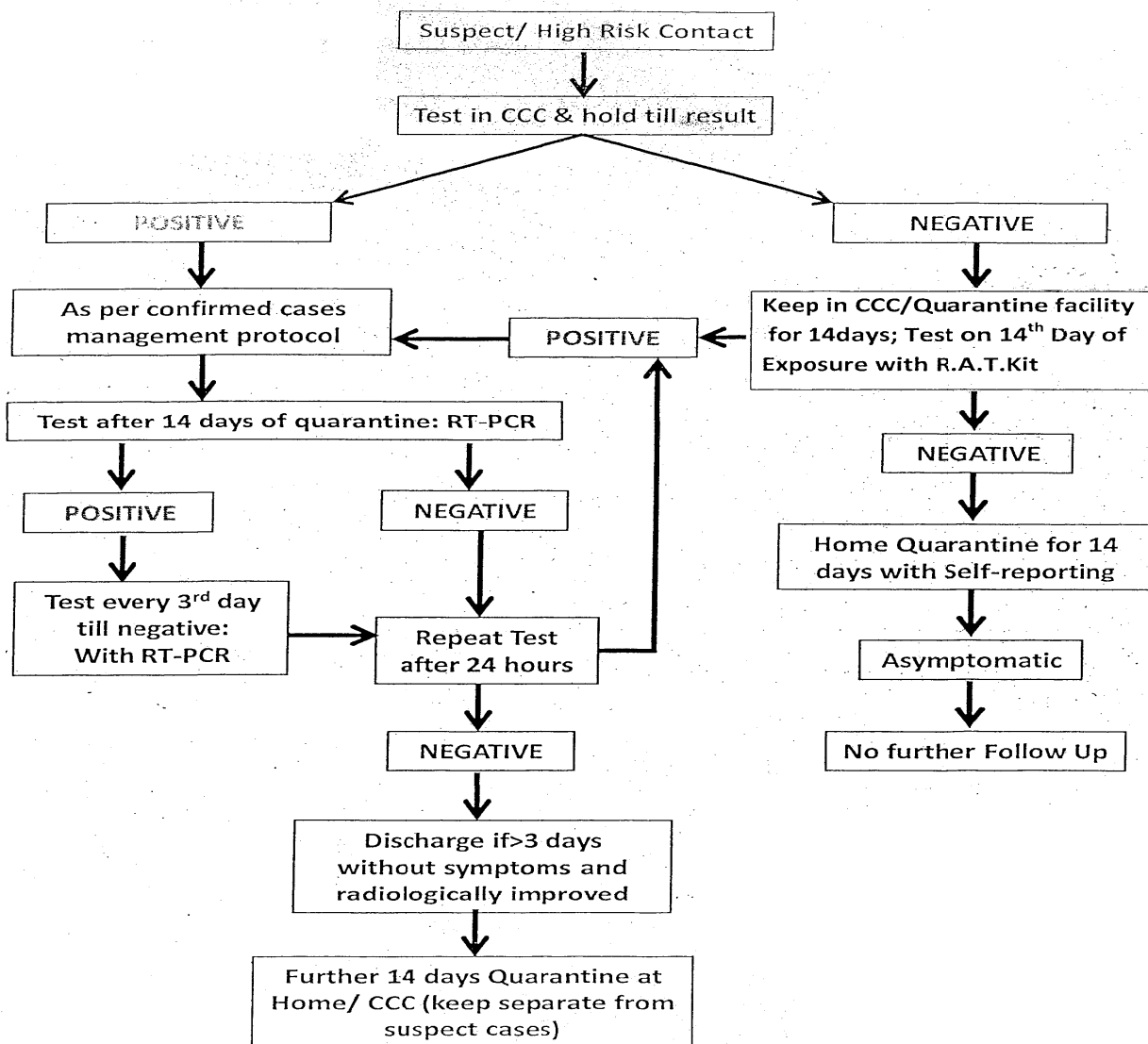
All concerned are to note for necessary compliance.

SAMPATH KUMAR,

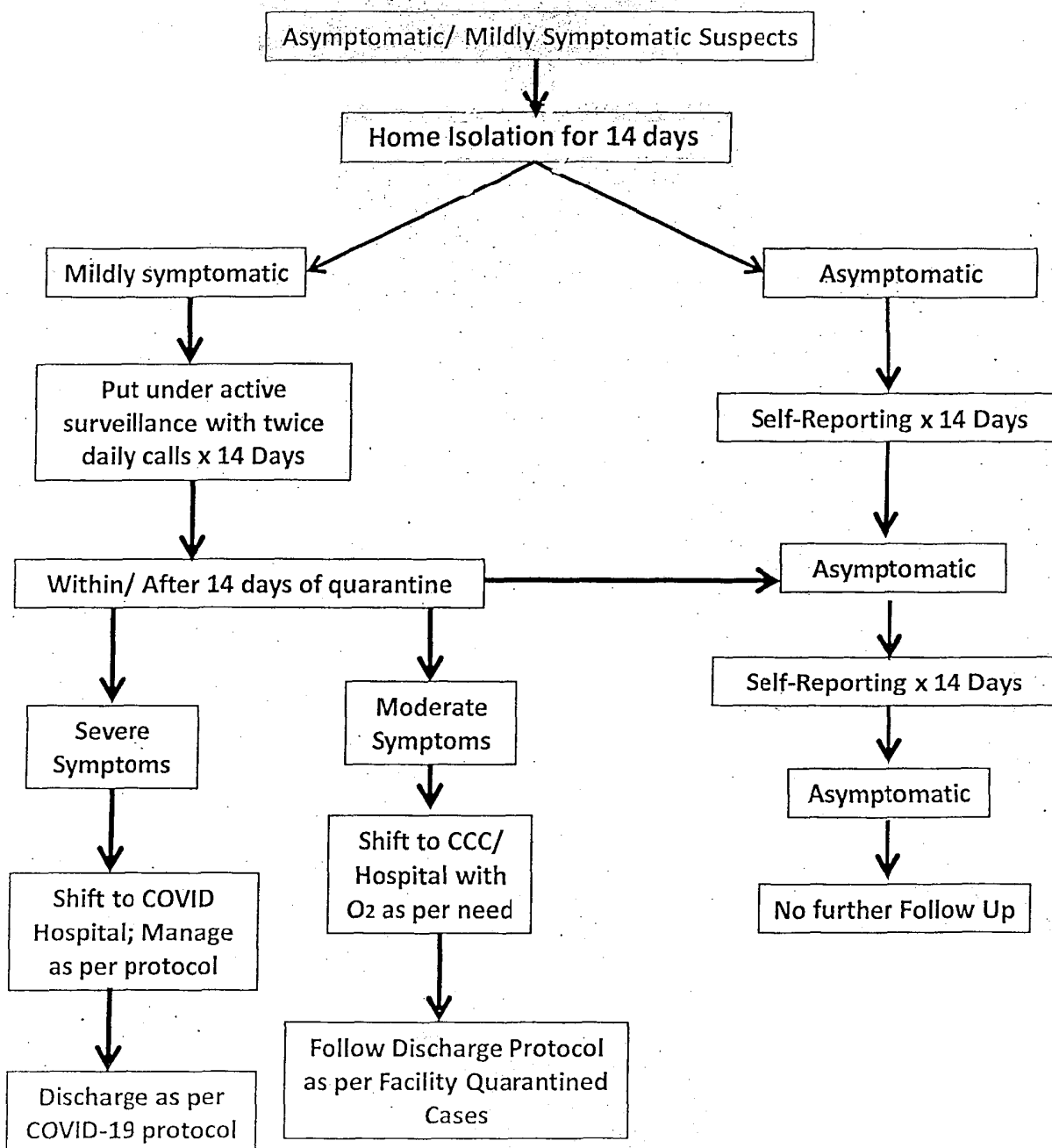
Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

ANNEXURE-I

DISCHARGE POLICY for FACILITY QUARANTINED COVID-19 Cases



ANNEXURE-II

DISCHARGE POLICY for HOME QUARANTINED COVID-19 Cases

ANNEXURE-III

DISCHARGE POLICY FOR COVID-19 CASES**Suspect cases:**

- A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

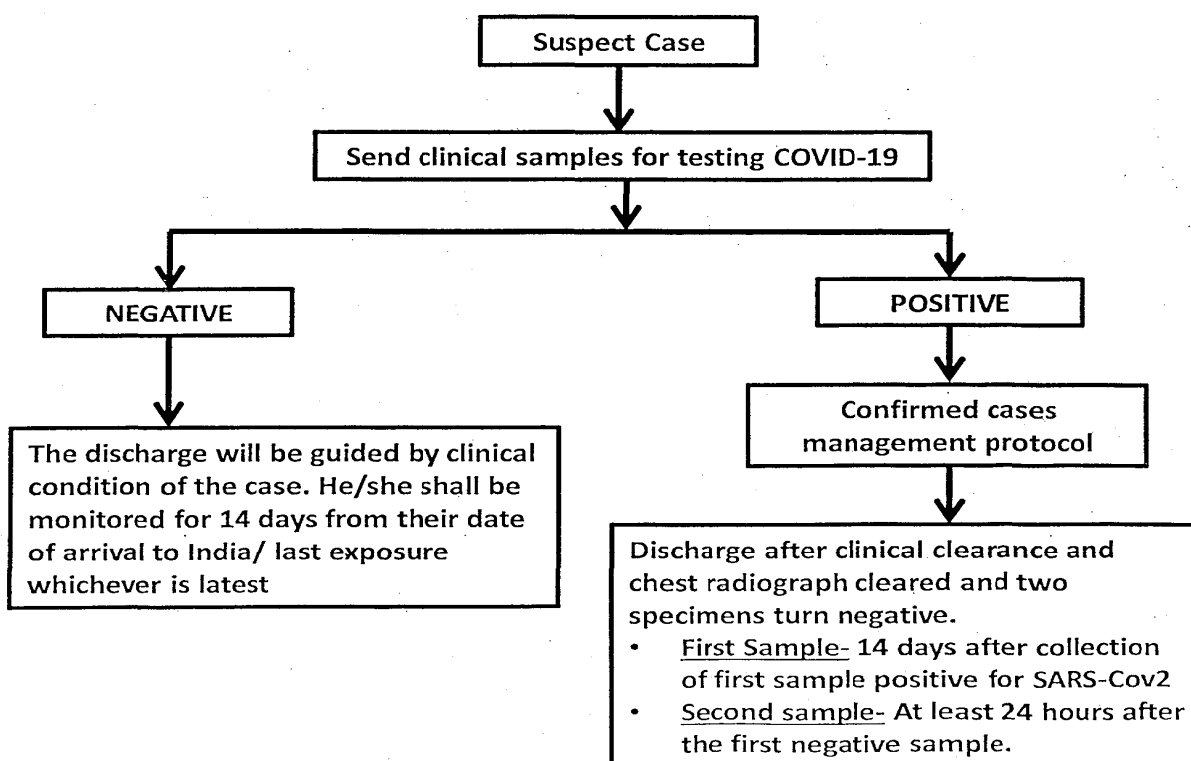
- A patient/ Health care worker with any acute respiratory illness AND having been in contact with confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

- A patient severe acute respiratory infection {fever at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)} AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation;

OR

- A case for whom testing for COVID-19 is inconclusive



The 15th June, 2020.

Preliminary Notification

(Under Section 11(1) of the Act-30/2013)

No.RDA.51/2015/22. – Whereas, it appears to the Government of Meghalaya that a total of **6400 Square Meters** of land is required at **Majai (Bholaganj) Sub-Division Sohra in East Khasi Hills District**, for public purpose, namely, for construction of Single Row Fencing as per boundaries described in the schedule attached.

Whereas, Social Impact Assessment Study was exempted by the Government under section 10A (a) of the said act as amended by Ordinance No. 9 of 2014.

Additional Deputy Commissioner (Revenue), East Khasi Hills District is appointed as Administrator for the purpose of rehabilitation and resettlement of the affect families.

Therefore, it is notified that for the above said project at Majai (Bholaganj) Sub-Division Sohra in East Khasi Hills District, Shillong a piece of land measuring more or less **6400 Square Meters** whose detail description is given in the Schedule to this Notification, is under acquisition.

This notification is made under the provision of section 11(1) of the Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Act, 2013 (Act No. 30/2013), to all whom it may concern.

A plan of the land may be inspected in the office of the Deputy Commissioner, East Khasi Hills District, Shillong on any working day. The appropriate Government is pleased to authorize the Deputy Commissioner and his staff to enter upon and survey land, take levels of any land, dig or bore into the sub-soil & do all other acts required for the proper execution of their work as provided and specified in section 12 of the said Act.

Under Section 11(4) of the Act, no person shall make any transaction or cause any transaction of land *i.e.* sale/purchase, specified in the preliminary notification or create any encumbrances on such land from the date of publication of such notification without prior approval of the District Collector.

The objection to the acquisition, if any may be filed by the person interested within 60 (Sixty) days from the date of the publication as provided under section 15 of the said act before the District Collector, East Khasi Hills District, Shillong.

B. HAJONG,

Joint Secretary to the Govt. of Meghalaya,
Revenue & Disaster Management Department,
Shillong.

NATIONAL BUILDINGS CONSTRUCTION CORPORATION LIMITED (GOVT. OF INDIA) LAND ACQUISITION FOR INDO-BANGLADESH BORDER ROAD AND FENCE IN MEGHALAYA STATE: DISTRICT EAST KHASI HILLS (SINGLE ROW FENCING AT MAJAI (BHOLAGANJ) BP.NO. 1249/9-T TO 1250/MP).					
LAND AQUISITION DETAILS (EAST KHASI HILLS)					
Sl. No.	NAME OF THE LAND OWNERS	TYPE OF LAND	LENGTH (in M)	BREADTH (in M)	TOTAL AREA (Sqm)
1	Shri Freeman Singh Syiem of Sohra	Non-Arable Land	640.00	10	6400
	Total area in Sq.m.				6400

The 22nd May, 2020.

No.DC/L/VI/1/2009-2020/124/629. – In exercise of the powers conferred under sub-rules (1) and (3) of the Rule 36 of the Assam and Meghalaya Autonomous Districts (Constitution of District Councils) Rules, 1951 as amended, I, **Alvin Khyriem Sawkmie**, Deputy Chairman, Khasi Hills Autonomous District Council hereby summon the Council of the Khasi Hills Autonomous District to meet **on Wednesday the 24th June, 2020 at 11:00 A.M.**, in the Council Hall at Shillong.

ALVIN KHYRIEM SAWKMIE,
Deputy Chairman,
Khasi Hills Autonomous District Council,
Shillong.